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C O N F I D E N T I A L SECTION 01 OF 03 CARACAS 000824

SIPDIS

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TAGS: [ECON](#) [SOCI](#) [PREL](#) [PGOV](#) [TBIO](#) [VE](#)
SUBJECT: HIV/AIDS IN VENEZUELA

Classified By: Economic Counselor Darnall Steuart for reasons
1.4 (b) and (d).

¶1. (C) Summary. The Government of the Bolivarian Republic of Venezuela (GBRV) does not publish statistics on the incidence of HIV/AIDS in Venezuela. The Joint United Nations Programme on HIV/AIDS (UNAIDS) and a local HIV/AIDS non-governmental organization (NGO) estimate that approximately 130,000 to 150,000 Venezuelans are HIV positive, with only 30,000 individuals aware of their status. The GBRV supplies latest generation HIV/AIDS medicines to all HIV/AIDS patients and a solid legal framework exists to protect their access to these medications. However, the GBRV, in the opinion of local NGOs, has not adequately addressed HIV/AIDS. A lack of resources; failure to educate Venezuelans about testing, treatment and prevention; and discrimination against HIV/AIDS patients are commonplace in Venezuela. Local HIV/AIDS NGOs report government harassment and fear that any cooperation with the GBRV will lead to a loss of their autonomy.

HIV/AIDS in Venezuela

¶2. (C) In May and June 2009, EmbOffs met with Feliciano Reyna Ganteaume (strictly protect throughout), president of Accion Solidaria (AS), a Venezuelan based NGO that works on HIV/AIDS in Latin America, and Renate Koch and Alberto Nieves (strictly protect throughout) of Accion Ciudadana Contra el SIDA (Citizens Action Against Aids or "ACCSI"), a Venezuelan HIV/AIDS NGO.

¶3. (C) According to AS and ACCSI, there are no official GBRV HIV/AIDS statistics. In 2003, UNAIDS undertook a study that used data modeling to construct high, low and average estimates of Venezuelans infected with HIV/AIDS. Despite the fact that it was co-authored by a epidemiologist working at the Venezuelan Hygienic Institute, the Venezuelan Ministry of Health rejected the study. AS, Reyna said, agrees with the UNAIDS estimates of 130,000 to 150,000 people infected with HIV/AIDS in Venezuela, with approximately 30,000 aware of their status. This estimate yields an HIV/AIDS infection rate of 0.7 percent of the adult population, which is comparable to that of Colombia, as cited by the Pan American Health Organization (PAHO) in its report "Health Situations in the Americas 2008." That PAHO study reported 43.8 new AIDS cases per 100,000 persons per year occur in Venezuela. By contrast, PAHO estimated 1.6 new AIDS cases per 100,000 per year occur in Colombia. In sum, HIV/AIDS is growing in Venezuela at rate much faster than in Colombia.

¶4. (C) A comprehensive national behavioral study of HIV/AIDS has not been conducted. In 2008, in cooperation with the UN Population Fund, AS undertook a limited behavioral study, conducting focus groups in diverse regions of the country. In total, the focus groups conducted 600 interviews (300 with males and 300 with females) and gathered information

regarding participants' knowledge, attitude towards and understanding of HIV/AIDS. Ninety percent of individuals had a basic knowledge of HIV/AIDS, yet the majority did not understand the difference between HIV and AIDS nor did they have a basic understanding of prevention. The respondents said that if someone looked healthy then they were healthy. AS does not have the resources to determine areas of prevalence or to track annual or regional growth rates.

The GBRV's Approach to HIV/AIDS

15. (C) In late 2002/early 2003, the GBRV began dispersing funds from the Inter-American Development Bank for health care projects, including HIV/AIDS. In 2008, the fifth and latest round of grants, the GBRV awarded two million USD. AS did not participate in this grant round due to concerns related to the transparency of the process. AS, Reyna said, is aware of at least two NGOs that have lost their autonomy after receiving a GBRV grant. Previously unknown but GBRV-aligned NGOs, sorely lacking in HIV/AIDS expertise, have received funding. The Venezuelan National HIV/AIDS program, according to ACCSI, will only fund GBRV-aligned NGOs.

16. (SBU) Venezuela's legal framework supports universal access to medical treatment. The 1999 Constitution reinforced the obligation for universal human rights and access to medication for all Venezuelans. In 2002, the Supreme Court ruled that universal human rights include universal access to latest generation medical treatment. The GBRV pays for HIV/AIDS-related medicines from the national budget and is considered a leader in Latin America in this

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area.

17. (C) The Ministry of Health, according to AS, conducted a retroactive study of causes of death since the beginning of the AIDS epidemic to determine deaths most likely caused by AIDS. The study determined that Venezuela has suffered 70,000 deaths from HIV/AIDS since the beginning of the epidemic.

Problems with Confronting HIV/AIDS

18. (C) According to AS and ACCSI, some competent well-meaning medical professionals work on HIV/AIDS but a lack of resources hamper their efforts. The regional GBRV HIV/AIDS offices are understaffed, lack computer connections to the national HIV/AIDS office and cannot diagnostically test HIV/AIDS patients for resistance to HIV/AIDS medications.

19. (C) AS routinely visits AIDS patients in Caracas hospitals and reports that AIDS patients often face severe medical problems due to a lack of resources. The AIDS ward at El Algodonal, Venezuela's leading respiratory disease hospital, lacks running water and other basic necessities. During AS' Easter 2009 visit to El Algodonal, "social controllers", a group of citizens charged with monitoring the level of care provided by the hospital to all patients, followed AS staff during the course of their visit. The social controllers appeared, Reyna said, more concerned with monitoring the patients' and their visitors' activities than ensuring proper medical care.

110. (C) Venezuelan public school curriculum includes basic HIV/AIDS education. AS' limited behavioral study, however, found that individuals equate condom use with pregnancy prevention rather than prevention of sexually transmitted diseases, such as HIV/AIDS. Despite AS' recommendation for a broader, comprehensive approach, the Ministry of Education did not adopt changes to the HIV/AIDS curriculum due to

cultural concerns. HIV/AIDS patients, ACCSI said, do not routinely receive adequate instruction or education regarding the proper use of anti-retro viral medications from public health professionals.

¶11. (C) Discrimination based on a person's HIV status remains widespread. According to AS, employers routinely conduct pre-employment and post-employment HIV/AIDS screening and will not hire or may fire an individual who tests HIV positive or who has full-blown AIDS. Both AS and ACCSI report that HIV positive pregnant women have been systematically denied medical care, including universal protection kits during labor, and have been forced to give birth vaginally, increasing the risk of HIV transmission at birth. HIV positive individuals reportedly forgo medical treatment for fear of discrimination or are denied or provided with substandard care due to their HIV status.

No GBRV Cooperation with Local HIV/AIDS NGOs

¶12. (C) In the past, the Venezuelan Ministries of Health and Education, AS said, had consulted with NGOs on the issue of HIV/AIDS education, but cooperation has ended. ACCSI, according to Koch, has no access to government officials. Koch explained that the Ministry of Health has informally told her that ACCSI has been ranked as "at the orange level" of concern by the GBRV. Any one action by ACCSI, Koch said, could make the GBRV ratchet up harassment to the "red level." The communication systems at ACCSI, she believes, are bugged by the GBRV. AS, Reyna reported, also feels the sting of government harassment. He pointed to a two-year, ongoing delay for construction permits necessary to renovate an AS-owned building in Caracas, which will be used as a medical clinic.

Future Outlook

¶13. (C) The GBRV, according to AS and ACCSI, must do more to confront HIV/AIDS in Venezuela. It must undertake a comprehensive, statistically valid study of HIV/AIDS to understand the problem's magnitude. The GBRV, local experts advise, should create a surveillance program to understand how the epidemic is growing and strengthen the national HIV/AIDS program through the addition of skilled personnel and investment in technical resources. It should improve the

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distribution of anti-retro viral drugs, approve additional funding for diagnostic testing and create a comprehensive education program to prevent the spread of HIV/AIDS. In addition, local experts advocate for a cooperation mechanism between the Ministries of Education, Health, Military and Justice, the major government stakeholders.

Comment

¶14. (C) The GBRV has failed to take adequate action to combat the spread of HIV/AIDS in Venezuela. The general lack of resources allocated to the public health system hampers treatment and a lack of education on transmission impedes prevention. As AS has publicly warned, approximately 100,000 Venezuelans may be living with HIV/AIDS and unaware of their status. If the GBRV were to undertake a major overhaul and expansion of its HIV/AIDS program, it could effectively handle HIV/AIDS in the medium term. As the Venezuelan public health system continues to deteriorate, however, Post sees a lack of political will by the GBRV to undertake such a change.
CAULFIELD